

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Sylvia Anderson

2. Article Number
(Transfer from service label)

-1071

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

CH 2006-00 117 SH

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *C. L. Hewitt* Agent Addressee

B. Received by (Printed Name) *C. L. Hewitt* C. Date of Delivery *3/21/06*

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

PUBLIC SERVICE COMMISSION
211 SOWER BLVD.
P.O. BOX 615
FRANKFORT, KY

8007

